

www.mass.gov/abcc

LICENSE NUMBER: 06960)0001	CITY OR TOWN	METHUEN
APPLICATION FOR RENE	EWAL: Annua	l LICEN	ISED FOR 2013
	CLAS	S	YEAR
LICENSEE NAME: RONA	ALD L. PEGLOW		
DOING BUSINESS A VAI	LLEY LOUNGE		
ADDRESS 1 ALBERMARI	BLE ST.		
CITY/TOWN: METHUEN	STATE:	MA ZIP CODE:	01844
MANAGER: PEGLOW, RONALD	TYPE OF LICENS	E:Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER Y	YOUR EMAIL ADDRESS	
DESCRIPTION OF LICEN			
	I FOR SALES, KITCHEN A EAR ENTRANCES AND E		RAGE. ONE FRONT
I hereby certify and swear un	nder penalties of perjury that	:	
1. the renewed licer	nse will be of the same type f	or the same premises now	licensed;
2. the licensee has c	complied with all laws of the	Commonwealth relating t	to taxes; and
3. the premises are	now open for business (If no	t explain below)	
SIGNED BY			
Indiv	idual, Partner or Authorized	Corporate Officer	
DATE:	TELEPHONE NUMBER:		R IDENTIFICATION NUMBER:
		(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, signed by the	t that we are in possession e building inspector and the certificate of liquor liability	e head of the fire depart	ment for the above
Please Check Below:		LOCAL LICENS	SING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		_	



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LICENSE NUMBER: 06	9600005	(JIY OR IOWN	MEIHUEN	
APPLICATION FOR RE	ENEWAL:	Annual	LICE	NSED FOR 20	13
		CLASS		•	YEAR
LICENSEE NAME: PA	AUL'S PUB & INN, IN	IC.			
DOING BUSINESS A	PAUL'S PUB				
ADDRESS 91 BROADW	VAY				
CITY/TOWN: METHU	TEN S	TATE: MA	ZIP CODE:	01844	
MANAGER: BIANCA FRANK		F LICENSE: Innh	older (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EMA	IL ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISES:				
THREE STORY BLDG. FIRST FLOOR: APART AND STORAGE AND F UNNUMBERED AND T	MENT AND FIVE RO CITCHEN. TWO FRO	OOMS. CELLAR ONT ENTRANC	: TWO ROOMS	, ONE FOR SA	
I hereby certify and swea	r under penalties of pe	rjury that:			
1. the renewed li	cense will be of the sa	me type for the s	ame premises nov	w licensed;	
2. the licensee ha	as complied with all la	ws of the Commo	onwealth relating	to taxes; and	
3. the premises a	re now open for busin	ess (If not explai	n below)		
SIGNED BY	dividual, Partner or A	uthorized Corpora	nte Officer		
DATE:	TELEPHONE NU	MBER:		ER IDENTIFICATI	
			(Note: NOT In	ndividual Social Se	ecurity Number)
We the undersigned, at Acts of 2004, signed by named license and (2) t of 2010.	the building inspecto	or and the head	of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	SING AUTHO	ORITY
(If disapproved explain)					
DATE:					



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LICENSE NUMBER: 069600006		CITY OR TOWN	METHUEN
APPLICATION FOR RENEWAL:	Annual	LICENS	ED FOR 2013
	CLASS		YEAR
LICENSEE NAME: METHUEN POST DOING BUSINESS A	#122 A.L. DEPT. OF	MA.	
ADDRESS 200 BROADWAY			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE:	01844
MANAGER: LAVOIE, FRANK TYP	E OF LICENSE: Vete	erans club CA'	TEGORY: All Alcohol
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EM.	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIST TWO STORY BLDG. FIRST FLOOR: H ROOM. SECOND FLOOR: MAIN MEET BUSINESS OFFICE. CELLAR: BAR AI AND REAR ENTRANCE.	ALL AND SMALL M ΓING ROOM, SMAL	LER MEETING RO	OOM AND A
I hereby certify and swear under penalties 1. the renewed license will be of the discussion of the licensee has complied with the premises are now open for the licensee has been supplied with the premises are now open for the licensee has complied with the premises are now open for the licensee has been supplied with the licensee has complied with the licensee has complied with the licensee has been supplied with the licensee has complied with the licensee has been supplied with the licensee	the same type for the same all laws of the Comm	onwealth relating to	
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	of the fire departm	ent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSII By:	NG AUTHORITY
DATE:			



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LICENSE NUMBER:	069600007		CITY OR TOWN METHUEN			
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 2013	3	
		CLASS		Y	EAR	
LICENSEE NAME: DOING BUSINESS A		IL #4027 K.OF C.	INC.			
ADDRESS 462 BRO	ADWAY					
CITY/TOWN: MET	HUEN	STATE: MA	ZIP CODE:	01844		
MANAGER: HASB GUTH A	ROOK- TYPE IRIE,REBECC	OF LICENSE: Clu	b	CATEGORY: A	All Alcohol	
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS			
DESCRIPTION OF L	ICENSED PREMISE	S:				
ONE FLOOR, FOUR STORAGE. TWO FF EXITS ON NORTH S	RONT ENTRANCES	AND EXITS, ONE	E OF WHICH IS U		, TWO	
I hereby certify and sv	vear under penalties of	f perjury that:				
1. the renewe	d license will be of the	e same type for the	same premises no	w licensed;		
2. the license	e has complied with al	l laws of the Comm	nonwealth relating	to taxes; and		
3. the premise	es are now open for bu	siness (If not expla	ain below)			
SIGNED BY	Individual, Partner or	· Authorized Corpo	orate Officer			
DATE:	TELEPHONE 1	NUMBER:		ER IDENTIFICATIO		
			(Note: <u>NOT</u>]	ndividual Social Secu	arity Number)	
Acts of 2004, signed	, attest that we are in by the building inspe 2) the certificate of lie	ector and the head	l of the fire depar	tment for the al	oove	
Please Check Below:			LOCAL LICEN	ISING AUTHOR	RITY	
APPROVED:	_		By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						



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LICENSE NUI	MBER: 069600010		CITY C	OR TOWN	METHUE	.N
APPLICATION	N FOR RENEWAL:	Annual		LICEN	SED FOR 2	2013
		CLASS				YEAR
LICENSEE NA	AME: COMBINAT	ΓΙΟΝ IMPROVEMENT CL	UB, INC	C.		
DOING BUSIN	NESS A					
ADDRESS 20	COMBINATION					
CITY/TOWN:	METHUEN	STATE: MA	ZIP	CODE:	01844	
MANAGER:	MATTHEWS, DENNIS	TYPE OF LICENSE: Clu	ıb	C	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	MAIL ADDRI	ESS		
DESCRIPTION	N OF LICENSED P	REMISES:				
		ROOM WITH BAR. CELI AND SIDE DOOR TO BAS			GE. FRONT	AND
I hereby certify	and swear under pe	nalties of perjury that:				
1. the	renewed license will	be of the same type for the	same pre	emises nov	v licensed;	
2. the 1	licensee has complie	ed with all laws of the Comn	nonwealt	th relating	to taxes; and	
3. the 1	premises are now op	en for business (If not expla	ain below	v)		
SIGNED BY						
	Individual, F	Partner or Authorized Corpo	orate Offi	icer		
DATE:	TELE	PHONE NUMBER:	21			TION NUMBER:
			(N	ote: <u>NOT</u> In	dividual Social	Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insu	d of the f	ïre depart	tment for the	e above
Please Check Belo	<u>ow:</u>		LOCA	AL LICEN	SING AUTH	IORITY
APPROVED:			By:			
DISAPPROVE						
(If disapproved	i expiaiii)					
DATE:			 			



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LICENSE NUI	MBER: 069600013	C	ITY OR TOWN MET	HUEN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: PLEASANT	VIEW CITIZENS CLUB		
DOING BUSI	NESS A			
ADDRESS 000	010A DEWEY ST.			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 018	44
MANAGER:	HAMBLETON, THOMAS	TYPE OF LICENSE: Club	CATEG	ORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMAI	L ADDRESS	
DESCRIPTION	N OF LICENSED PF	REMISES:		
		WITH BAR AND ENCLOS ONE FRONT ENTRANCE A		
I hereby certify	and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the sa	me premises now licens	ed;
2. the	licensee has complied	d with all laws of the Commo	nwealth relating to taxes	s; and
3. the	premises are now ope	en for business (If not explain	below)	
SIGNED BY				
	Individual, P	artner or Authorized Corpora	te Officer	
DATE:	TELEF	PHONE NUMBER:		ΠΕΓΙΕΝΑΤΙΟΝ NUMBER:
			(Note: <u>NOT</u> Individual	Social Security Number)
Acts of 2004,	signed by the buildi	we are in possession (1) the coing inspector and the head of ate of liquor liability insura	f the fire department f	or the above
Please Check Belo	ow:		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiaiii)			
DATE:			-	·



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LICENSE NUMBER:	069600015		CITY OR TOWN	METHUEN	N
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PARRISH RESTA	URANT,LLC			
DOING BUSINESS A	METHUEN PIZZ	A GARDEN			
ADDRESS 17 HAMP	STEAD ST.				
CITY/TOWN: METI	HUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PARR M J.	ISH,WILLIA TYP	'E OF LICENSE:Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMIS	ES:			
TWO ROOMS FOR S DOOR AND ONE RE			, CELLAR FOR STO	ORAGE. ONI	E FRONT
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of t	he same type for the	e same premises now	licensed;	
2. the licensee	has complied with	all laws of the Com	monwealth relating to	o taxes; and	
3. the premise	es are now open for	business (If not exp	lain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	Security Number)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building ins	pector and the hea	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					



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LICENSE NUMBER: 06960	0016	CITY OR TOWN METHUEN
APPLICATION FOR RENE	EWAL: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: MIDV	VAY INC., THE	
DOING BUSINESS A THE	PLANTATION	
ADDRESS 111 HAMPSTE	AD ST.	
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844
MANAGER: BREWSTER SUSANJAN		Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS
DESCRIPTION OF LICENS		
	IN USE. 2 ENTRANCES AND	GE, KITCHE N, OFFICE PLACE FOR THREE EXITS WITH FENCED IN
I hereby certify and swear ur	nder penalties of perjury that:	
1. the renewed licen	se will be of the same type for the	he same premises now licensed;
2. the licensee has c	omplied with all laws of the Cor	mmonwealth relating to taxes; and
3. the premises are i	now open for business (If not ex	plain below)
SIGNED BY Indivi	dual, Partner or Authorized Cor	porate Officer
DATE		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
		individual Social Security Number)
Acts of 2004, signed by the	building inspector and the he	the certificate required by Chapter 304 of the ead of the fire department for the above surance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED:		
(If disapproved explain)		
		 -
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 069600017		CITY	OR TOWN	METHUEN	1
APPLICATION F	OR RENEWAL:	Annu	al	LICEN	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAMI	E: SCG RESTAU	JRANT LLC				
DOING BUSINES	S A THE HAMP	STEAD HOUSE R	ESTAURAN	NT		
ADDRESS 251 H	AMPSTEAD ST.					
CITY/TOWN: M	ETHUEN	STATE:	MA Z	ZIP CODE:	01844	
	RARDOULAS, IRISTINA	TYPE OF LICENS	SE: Restaurar	nt C	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:					
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER	YOUR EMAIL AD	DRESS		-
DESCRIPTION O	F LICENSED PRI	EMISES:				
	ECOND FLOOR.	ALES ON FIRST FI CELLAR NOT USI NTRANCE.				
I hereby certify and	d swear under pena	alties of perjury tha	t:			
1. the rene	ewed license will b	e of the same type	for the same	premises now	licensed;	
2. the lice	nsee has complied	with all laws of the	Commonwe	ealth relating t	o taxes; and	
3. the pren	nises are now oper	n for business (If no	ot explain bel	low)		
SIGNED BY	Individual, Pa	rtner or Authorized	. Corporate C	Officer		
DATE.						
DATE:	TELEPI	HONE NUMBER:				ION NUMBER: ecurity Number)
				(Note: NOT III	iividuai Sociai S	ecurity (vumber)
Acts of 2004, sign	ned by the buildin	e are in possession ng inspector and th te of liquor liabilit	e head of th	e fire depart	ment for the	above
Please Check Below:			LO	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved exp	plain)					
						<u></u>
DATE:						



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LICENSE NUMBER:	.069600018		CITY OR TOWN	METHUEN	l .
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GLEN FOREST, IN	NC.			
DOING BUSINESS A	A GLEN FOREST T	CAVERN			
ADDRESS 3 HAVER	RHILL ST.				
CITY/TOWN: MET	HUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: COTY	, CAROLE A. TYP	E OF LICENSE:Re	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L					
ONE FLOOR, ONE F HAVERHILL ST. AN			ORAGE. FRONT I	ENTRANCE C	ON
I hereby certify and sv	vear under penalties	of perjury that:			
1. the renewe	d license will be of t	he same type for the	same premises nov	w licensed;	
	e has complied with		•	to taxes; and	
3. the premise	es are now open for l	business (If not expl	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
	,				
DATE:	TELEPHONI	E NUMBER:	EMPLOYE	ER IDENTIFICAT	ION NUMBER:
	TEEET HOLVI	E IVOIVIDEIX.	(Note: NOT I	ndividual Social So	ecurity Number)
We the undersioned	attact that we are	in naggagaian (1) th	a aautifiaata uaani	uad by Chant	m 201 of the
We the undersigned Acts of 2004, signed					
named license and (2 of 2010.	2) the certificate of	liquor liability insu	rance required by	Chapter 116	of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					
APPLICATION FOR RENEW.	AL MUST BE FILED BY LI	CENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	(iA)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600022		CITY OR I	OWN METHUE	IN
APPLICATION FOR	RENEWAL:	Annual	I	LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	GERNNE COR	P.			
DOING BUSINESS A	THE WATER	SIDE GRILLE			
ADDRESS 106 LOW	ELL BLVD.				
CITY/TOWN: MET	HUEN	STATE: MA	ZIP COI	DE: 01844	
MANAGER: MUNI	RO, JOHN T	TYPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L					
		OR SALES, ONE ROO ONE SIDE ENTRAN			
I hereby certify and sw	vear under penalt	ties of perjury that:			
1. the renewe	d license will be	of the same type for th	ne same premise	es now licensed;	
2. the licensee	e has complied w	with all laws of the Con	nmonwealth rel	ating to taxes; and	
3. the premise	es are now open	for business (If not exp	olain below)		
SIGNED BY					
SIGNED DI	Individual, Part	ner or Authorized Corp	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		PLOYER IDENTIFICAT IOT Individual Social S	
Acts of 2004, signed	by the building	are in possession (1) t inspector and the hea e of liquor liability ins	ad of the fire d	lepartment for the	e above
Please Check Below:			LOCAL L	ICENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	11)				
DATE:					
			-		



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LICENSE NUMBER:	069600023		CITY OR TO	OWN METHUE	N
APPLICATION FOR I	RENEWAL:	Annual	Ll	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MARGGRAF'S WH	ITE HORSE INC	2.		
DOING BUSINESS A	NORM'S WHITE	HORSE			
ADDRESS 510 LOWE	ELL ST.				
CITY/TOWN: METH	IUEN	STATE: MA	ZIP COD	E: 01844	
MANAGER: FRECH DIANE		E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEE	BSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF LI					
ONE STORY BLDG, (ONE FRONT ENTRA: EXITS TO CELLAR					
2. the licensee	license will be of the has complied with a sare now open for b	all laws of the Co	mmonwealth rela		
SIGNED BY	Individual, Partner o	or Authorized Cor	porate Officer		
DATE:			EMDI	OVED IDENTIFICATI	CIONI NI IMPER.
DATE.	TELEPHONE	NUMBER:		OYER IDENTIFICAT OT Individual Social S	
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building insp	pector and the he	ead of the fire de	epartment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LIG	CENSING AUTH	ORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600024	CITY OR TOWN METHUEN
APPLICATION FOR RENEWAL: Ann	nual LICENSED FOR 2013
CL	ASS YEAR
LICENSEE NAME: JACKSON'S SKYPORT REST	TAURANT LTD.
DOING BUSINESS A JACKSON'S RESTAURANT	
ADDRESS 478 LOWELL STREET	
CITY/TOWN: METHUEN STATE	: MA ZIP CODE: 01852
MANAGER: DUBOIS, GARY L. TYPE OF LICE	NSE: Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
2 FLRS DINING ROOM, KITCHEN, 4 RESTROOM ON NORTH SIDE, ONE CENTER ENTRANCE	IS AND ONE FIRE DOOR. ONE ENTRANCE
I hereby certify and swear under penalties of perjury the	hat:
1. the renewed license will be of the same typ	be for the same premises now licensed;
2. the licensee has complied with all laws of t	-
3. the premises are now open for business (If	not explain below)
avante pri	
SIGNED BY Individual, Partner or Authoriz	red Corporate Officer
	zed Corporate Officer
	red Corporate Officer
Individual, Partner or Authoriz	
Individual, Partner or Authoriz	
DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) on (1) the certificate required by Chapter 304 of the
DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liability.	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) on (1) the certificate required by Chapter 304 of the the head of the fire department for the above
Individual, Partner or Authoriz DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liabit of 2010. Please Check Below: APPROVED:	R: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) on (1) the certificate required by Chapter 304 of the the head of the fire department for the above ility insurance required by Chapter 116 of the Acts
Individual, Partner or Authoriz DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liabit of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) on (1) the certificate required by Chapter 304 of the the head of the fire department for the above illity insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Individual, Partner or Authoriz DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liabit of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) on (1) the certificate required by Chapter 304 of the the head of the fire department for the above illity insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
Individual, Partner or Authoriz DATE: TELEPHONE NUMBER We the undersigned, attest that we are in possessic Acts of 2004, signed by the building inspector and named license and (2) the certificate of liquor liabit of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) on (1) the certificate required by Chapter 304 of the the head of the fire department for the above illity insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NUMBER	:069600026		C	ITY OR TOWN	METHUE	N
APPLICATION FOR	RENEWAL:	Annu	al	LICEN	ISED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	DALY'S SPORTS	BAR INC.				
DOING BUSINESS	A DALY'S PUB					
ADDRESS 165 MER	RRIMACK ST.					
CITY/TOWN: MET	CHUEN	STATE:	MA	ZIP CODE:	01844	
MANAGER: YOU	SEF, RAMEZ TYP	'E OF LICENS	SE:Gener premi		ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER	YOUR EMAI	L ADDRESS		_
DESCRIPTION OF I						
ONE STORY BLDG STORAGE. ENTRA				OOM, KITCHEN	CELLAR FO	OR .
I hereby certify and s	wear under penalties	of perjury that	t:			
1. the renewe	ed license will be of	the same type	for the sa	me premises nov	licensed;	
2. the license	ee has complied with	all laws of the	Commo	nwealth relating	to taxes; and	
3. the premis	ses are now open for	business (If no	ot explain	below)		
SIGNED BY						
	Individual, Partner	or Authorized	Corpora	te Officer		
DATE:	TELEPHON	E NUMBER:				TION NUMBER:
				(Note: NOT In	dividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building ins	spector and th	ne head o	f the fire depart	ment for the	above
Please Check Below:				LOCAL LICEN	SING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED:						
(If disapproved expla	ın)					
DATE:						<u></u>
DITE.						



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LICENSE NUI	MBER: 069600027		CITY OR TOWN	METHUE	N
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
	AME: SARGENT IMPROV	EMENT CLUB C	F METHUEN		
DOING BUSI					
	3 MERRIMACK ST.				
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER:	DE TYPE MONACO,JOSEPH	OF LICENSE: Clu	ıb (CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PREMISES	S:			
	BLDG. ONE ROOM FOR SA NE ENTRANCE ON MERRI				
I hereby certify	and swear under penalties of	perjury that:			
1. the	renewed license will be of the	same type for the	same premises nov	w licensed;	
2. the	licensee has complied with all	l laws of the Com	nonwealth relating	to taxes; and	
3. the	premises are now open for bu	siness (If not expl	ain below)		
SIGNED BY	Individual, Partner or	Authorized Corpe	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:
			(Note: NOT In	ndividual Social S	ecurity Number)
Acts of 2004,	rsigned, attest that we are in signed by the building inspe e and (2) the certificate of lig	ctor and the hea	d of the fire depar	tment for the	above
Please Check Belo	DW:		LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	i explain)				
			-		
DATE:					
DATE:					



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LICENSE NUI	MBER: 069600032		CITY OR TOWN	METHUEN	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 201	13
		CLASS		Y	/EAR
	AME: MICHAEL E. NESS A SWEETHEA				
ADDRESS 80	MYRTLE ST.				
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER:	CONDON, MICHAEL E	TYPE OF LICENSE:Re	staurant Ca	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION	N OF LICENSED PRE	EMISES:			
SALES, KITC	HEN AND CELLAR I	IS ON 2ND FLOOR AN FOR STORAGE. ONE F OUTSIDE 40X100 PAV	RONT ONE REAR	AND ONE	R FOR
I hereby certify	and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for the	same premises now	licensed;	
2. the	licensee has complied	with all laws of the Com	nonwealth relating to	o taxes; and	
3. the	premises are now open	for business (If not expl	ain below)		
SIGNED BY	Individual, Par	tner or Authorized Corpo	orate Officer		
DATE:			EN IDY OVER		ON MIN (DED
DATE.	TELEPH	IONE NUMBER:		R IDENTIFICATION IDENTIFICATION IN IDENTIFICATIO	
Acts of 2004,	signed by the building	are in possession (1) th g inspector and the head te of liquor liability insu	e certificate require I of the fire departi	ed by Chapter ment for the a	r 304 of the
Please Check Belo	ow:		LOCAL LICENS	SING AUTHO	RITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
DATE:					



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LICENSE NUMBER: 0	59600033		CITY OR TOWN	METHUEN
APPLICATION FOR R	ENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NAME: F	IRESIDE INC., T	HE		
DOING BUSINESS A	FIRESIDE REST	AURANT & PUB		
ADDRESS 171 PELHA	M ST.			
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844
MANAGER: SWERC THOMA	,	PE OF LICENSE: Res	taurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMIS	SES:		
ONE STORY BUILDIN KITCHEN ,OFFICE AN SOUTHEAST SIDE OF ADDITION INCLUDE	ND CELLAR FOI F BLDG. ONE EN	R STORAGE. ONE E STRANCE AND EXI	NTRANCE AND	EXIT ON
I hereby certify and swe	ar under penalties	of perjury that:		
1. the renewed	license will be of	the same type for the	same premises nov	v licensed;
2. the licensee l	nas complied with	all laws of the Comn	nonwealth relating	to taxes; and
3. the premises	are now open for	business (If not expla	in below)	
SIGNED BY	ndividual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed b	y the building in	spector and the head	of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	SING AUTHORITY
(If disapproved explain)	1			
• • • • • • • • • • • • • • • • • • • •				
DATE:				



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LICENSE NUMBER: 0696000)39	CITY OF	R TOWN	METHUEN	ſ
APPLICATION FOR RENEW	Anı Anı	ıual	LICENS	SED FOR 20	13
	CL	ASS		,	YEAR
LICENSEE NAME: ARNOL	D GREENWOOD PO	ST #8349 V.F.W.			
DOING BUSINESS A					
ADDRESS 26 RIVER ST.					
CITY/TOWN: METHUEN	STATE	MA ZIP (CODE:	01844	
MANAGER: SHIMKO, ELL	J TYPE OF LICE	NSE: Veterans club	b CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEASE ALSO	O VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADDRES	SS		
DESCRIPTION OF LICENSE	D PREMISES:				
ONE STORY BLDG., TWO R OFFICES AND ENTRANCE T PARKING LOT. EXITS FRO	TO BAR ON RIVER S	T. NO CELLAR. I			
I hereby certify and swear under	er penalties of perjury the	nat:			
1. the renewed license	will be of the same typ	e for the same pren	mises now	licensed;	
2. the licensee has con	•		•	taxes; and	
3. the premises are not	w open for business (If	not explain below))		
SIGNED BY	1.0	1.6			
Individu	al, Partner or Authoriz	ed Corporate Offic	cer		
		Г			
D. 1 mg					
DATE:	ELEPHONE NUMBER			IDENTIFICAT	
		(1401	te. <u>NOT</u> ilidi	ividual Social Se	ecurity Number)
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the cert of 2010.	uilding inspector and	the head of the fi	re departn	nent for the	above
Please Check Below:		LOCA	L LICENS	ING AUTHO	RITY
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:					



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LICENSE NUM	BER: 069600043		CITY OR TOWN	METHUEN
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	ME: METHUEN RO	D & GUN CLUB II	NC.	
DOING BUSINE	ESS A			
ADDRESS 240	ΓYLER ST.			
CITY/TOWN:	METHUEN	STATE: N	MA ZIP CODE:	01844
MANAGER: F	TRTH, ALLAN T	YPE OF LICENSE	::Club CA	ATEGORY: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION	OF LICENSED PREM	MISES:		
	JILDING, ONE ROO NCES AND ONE RI		TCHEN, CELLAR FOR	₹ STORAGE. TWO
I hereby certify a	nd swear under penalt	ies of perjury that:		
		• •	r the same premises now	
	-		Commonwealth relating to	o taxes; and
3. the pr	emises are now open	for business (If not e	explain below)	
CICNED DV				
SIGNED BY	Individual, Part	ner or Authorized C	Corporate Officer	
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, sig	gned by the building	inspector and the	head of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:	<u>:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED (If disapproved e				
(11 disappioved c	Apium)			
DATE:				
APPLICATION FOR RI	ENEWAL MUST BE FILED B	Y LICENSEES DURING T	HE MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 069600048		CITY OR TOW	VN METHUEN	1
APPLICATION FOR RENEWAL:	Annual	LIC	ENSED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: S & D RESTAURA	NT INC.			
DOING BUSINESS A NEW ENGLAND	SEAFOOD RESTA	URANT & LOU	JNGE	
ADDRESS 00159A PELHAM ST				
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: OWEN, SYLVIE TYP	E OF LICENSE: Innl	holder	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS	ES:			
MAIN & FRONT ENTRANCE THRU FR SIDE; EMERGENCY EXIT ON RIGHT S APPROX. 3500 S/F; ALSO A FIRST FLO	SIDE BETWEEN BA	AR & DINING	AREA. 6 RESTR	ROOMS;
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of the	he same type for the	same premises n	now licensed;	
2. the licensee has complied with	all laws of the Comn	nonwealth relatir	ng to taxes; and	
3. the premises are now open for b	business (If not expla	in below)		
SIGNED BY		0.55		
Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEBRIONI				Y0111111111111111111111111111111111111
TELEPHONE	E NUMBER:		YER IDENTIFICAT Individual Social S	
		`		
We the undersigned, attest that we are Acts of 2004, signed by the building inspanmed license and (2) the certificate of of 2010.	pector and the head	of the fire dep	artment for the	above
Please Check Below:		LOCAL LICE	ENSING AUTHO	ORITY
APPROVED:		LOCAL LICE By:	ENSING AUTHO	ORITY
APPROVED: DISAPPROVED:			ENSING AUTHO	ORITY
APPROVED:			ENSING AUTHO	ORITY
APPROVED: DISAPPROVED:			ENSING AUTHO	ORITY



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LICENSE NUMBER	:069600049		CITY OR TOWN ME	IHUEN
APPLICATION FOR	RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME:	HICKORY HILL C	OLF COURSE, INC		
DOING BUSINESS	A HICKORY HILL	GOLF COURSE		
ADDRESS 200 N. L	OWELL STREET			
CITY/TOWN: MET	THUEN	STATE: MA	ZIP CODE: 018	844
MANAGER: BROLL.	X, RAYMOND TYP	E OF LICENSE:Res	taurant CATEO	GORY: All Alcohol
EMAIL ADDRESS:				
]	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF I	LICENSED PREMIS	ES:		
KITCHEN ON 1ST I	FLOOR. CELLAR F	OR STORAGE, PRO	PORCHES FOR SALES O SHOP AND TWO LOO ROM PORCH, ONE EN	CKER ROOMS.
I hereby certify and s	wear under penalties	of perjury that:		
1. the renewe	ed license will be of t	he same type for the	same premises now licen	sed;
2. the license	ee has complied with	all laws of the Comm	nonwealth relating to taxe	es; and
3. the premis	ses are now open for	business (If not expla	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individua	l Social Security Number)
Acts of 2004, signed	by the building ins	pector and the head	certificate required by of the fire department rance required by Chap	for the above
Please Check Below:			LOCAL LICENSING	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expla	ın)		-	
DATE:				
D.111.				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600051		CITY OR TO	WN METHUE	IN
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 45-47 BRO	DADWAY				
CITY/TOWN: MET	HUEN	STATE: MA	ZIP CODI	E: 01844	
MANAGER: SOUS	A, HELDER J. TYPE C	F LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISES:				
	ONE ROOM FOR SAI				
	e has complied with all as are now open for busing and an are now open for busing an area of the same and are now open for busing an area of the same area.	iness (If not exp	lain below)	ing to taxes; and	
DATE:	TELEPHONE N	UMBER:		OYER IDENTIFICA $rac{\mathbf{T}}{\mathbf{I}}$ Individual Social s	
Please Check Below: APPROVED: DISAPPROVED:	٦		LOCAL LIC	ENSING AUTH	ORITY
(If disapproved explain	 n)				
DATE:			-		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 069600052		CITY OR TO	WN MEIHUI	EIN
APPLICATION	FOR RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
DOING BUSIN	ME: GHANSHYAM CO				
ADDRESS 196					
CITY/TOWN:	METHUEN	STATE: MA	ZIP COD	E: 01844	
	VORA, TYI HASMUKHBHAI K.	PE OF LICENSE: Pa	ickage Store	CATEGORY	: Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMIS	SES:			
	LDG. TWO ROOMS ON LLAR NOT USED. ONE			S AND ONE FO	R
 the re the lie 	and swear under penalties enewed license will be of censee has complied with remises are now open for	the same type for the all laws of the Com	nmonwealth rela		1
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHON	E NUMBER:		OYER IDENTIFICA OT Individual Social	
Please Check Below APPROVED: [DISAPPROVED (If disapproved 6	D:		LOCAL LIG	CENSING AUTI	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J696UUU53		CITY OR TO	JWN MEIHU	EIN
APPLICATION FOR I	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A		ACKAGE STORE			
ADDRESS 38 HAMPS	SHIRE ST				
CITY/TOWN: METH	IUEN	STATE: N	IA ZIP COI	DE: 01844	
MANAGER: PATEI R.	L, YOGESH TY	PE OF LICENSE	:Package Store	CATEGORY	Y: All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL ADDRESS		
DESCRIPTION OF LI					
TWO STORY BLDG. 2ND FLOOR CONSIS					
3. the premise: SIGNED BY	has complied with a re now open for the large state of the large state	r business (If not e	explain below)	ating to taxes; and	d
DATE:	TELEPHON	NE NUMBER:		LOYER IDENTIFIC OT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LI By:	CENSING AUT	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 069600054		CITY OR TOW	N METHUER	N
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
	D. SOLOMON, INC A METHUEN LIQUOR	RS AND GROCI	ERIES		
ADDRESS 50 LAWI	RENCE ST				
CITY/TOWN: MET	HUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: SOLO	OMON, DAVIDTYPE O)F LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR F	CMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES	:			
ONE FLOOR, ONE I	ROOM FOR SALES, CH DE DOOR.	ELLAR FOR ST	ORAGE. ONE F	RONT ENTRAI	NCE
2. the license	ed license will be of the see has complied with all sees are now open for bus.	laws of the Cominess (If not expl	monwealth relatir lain below)		
	Individual, Partner or A	Aumorizea Corp	orate Officer		
DATE:	TELEPHONE N	UMBER:		YER IDENTIFICAT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICE By:	ENSING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 069600055		CITY OR TOWN M	IETHUEN
APPLICATION FO	OR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINES ADDRESS 155 LO	SS A QUICK STO	NTERPRISES, INC. OP II		
CITY/TOWN: M		STATE: MA	ZIP CODE: 0	1844
MANAGER: GA	AUDET, ILLIAM	TYPE OF LICENSE:P		EGORY: Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION O				
ONE STORY BLE ENTRANCE AND		FOR SALES, ONE ROO	OM FOR STORAGE. ON	IE FRONT
2. the licer	nsee has complied mises are now ope	· -		
DATE:	TELEP	PHONE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	plain)		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 069600056		CITY OR TOWN	METHUEN	
APPLICATION 1	FOR RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YE	EAR
LICENSEE NAM DOING BUSINE		N PACKAGE STORE			
ADDRESS 462 I	LOWELL STREET	Γ			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: P	ATEL, PATHIK	TYPE OF LICENSE:P	ackage Store C	CATEGORY: A	ll Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED P	REMISES:			
	EXIT ON LOWE	OCK. THE BLDG. CON' LL STREET AND ONE I			LAR.
I hereby certify a	nd swear under per	nalties of perjury that:			
1. the rea	newed license will	be of the same type for the	ne same premises nov	w licensed;	
2. the lic	ensee has complie	d with all laws of the Con	nmonwealth relating	to taxes; and	
3. the pro	emises are now op	en for business (If not exp	olain below)		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELER	PHONE NUMBER:		ER IDENTIFICATION ndividual Social Secur	
Please Check Below:			I OCAL LICEN	SING AUTHOR	ITV
APPROVED:	_		By:	SING ACTION	
DISAPPROVED):		zy.		
(If disapproved e	xplain)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	3EK: 069600058		CITY OR TOW	N METHUE	IN
APPLICATION I	FOR RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
DOING BUSINE		C VALLEY SUPERETTE			
	MERRIMACK ST	CT A TEL . M.A.	an cope	01044	
CITY/TOWN: N		STATE: MA	ZIP CODE:		
MANAGER: PA	ATEL, IADHUBEN R	TYPE OF LICENSE: Pa	ckage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	OF LICENSED PR	OUR WEBSITE AND ENTER YOUR F EMISES: 1ALL ROOM FOR STOF		NT ENTRANC	E AND
	emises are now ope	I with all laws of the Comen for business (If not expanded)	lain below)	g to taxes; and	
DATE:		HONE NUMBER:	EMPLOY	YER IDENTIFICA' Individual Social (
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex	: 🔲		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	ER: 069600059		CITY OR TOWN	METHUEN
APPLICATION F	OR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: MAMIE CORPORA	ATION		
DOING BUSINES	SS A A&B PACKAGE	STORE		
ADDRESS 161 P	ELHAM ST			
CITY/TOWN: M	IETHUEN	STATE: MA	ZIP CODE:	01844
	ERDERIAN,ARM TYPI N G.	E OF LICENSE: Pac	kage Store CA	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION C	OF LICENSED PREMIS	ES:		
SALESROOM, B	OODEN BLDG. TOP FI ASEMENT STORAGE. PR. DELIVERY DOOR	FRONT ENTRAN	CE, PARKING LO	
I hereby certify an	d swear under penalties	of perjury that:		
-	ewed license will be of the		same premises now	licensed;
2. the lice	ensee has complied with a	all laws of the Comn	nonwealth relating to	taxes; and
3. the pre	mises are now open for b	ousiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	ividual Social Security Number)
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	n o no mora i
DISAPPROVED:			J	
(If disapproved ex	plain)			
DATE.				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	109000001		CITY OR TOWN METHO	EN
APPLICATION FOR F	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 439-41 PRO	OSCAR LIQUO			
CITY/TOWN: METH		STATE: MA	ZIP CODE: 01844	
MANAGER: GRULI	ON, JOSE TY	PE OF LICENSE:Pa	ckage Store CATEGOR	Y: All Alcohol
EMAIL ADDRESS:		WEBSITE AND ENTER YOUR E		
ROOMS IN REAR AN	STREET FLOOR D CELLAR FOR E IN REAR OF	CONSISTING OF F R STORAGE. FRONT	RONT ROOM FOR SALES, T ENTRANCE ON PROSPECTO O CELLAR ENTRANCES, C	ΓST.
2. the licensee	license will be o	f the same type for the	e same premises now licensed; monwealth relating to taxes; an ain below)	d
SIGNED BY	ndividual, Partne	er or Authorized Corp	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUT By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600062		CITY OR TO	JWN MEIHUE	IN
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 00291D N	MERRIMACK ST.				
CITY/TOWN: MET	HUEN	STATE: M	A ZIP COI	DE: 01844	
MANAGER: PATE	L,YOGESH R. TYPE	OF LICENSE:	Package Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	ES:			
291C MERRIMACK DISPLAY AREA.	ST. SALES ROOM, 1	FRONT ENTRA	ANCE, REAR EN	ITRANCE, BATH	IROOM,
2. the license	d license will be of the has complied with a es are now open for be	ll laws of the Cousiness (If not ex	ommonwealth rela		
	Individual, Partner o	r Authorized Co	rporate Officer		
DATE:	TELEPHONE	NUMBER:		LOYER IDENTIFICA' OT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LI By:	CENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0696000)64	CITY OR TOWN	METHUEN	
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: GARY	Γ. HAMMOND			
DOING BUSINESS A HOW	E ST.SUPERETTE			
ADDRESS 163 HOWE STRE	ET			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER:	TYPE OF LICENSE:P	ackage Store CA	ATEGORY: Wine and Malt Regular	
EMAIL ADDRESS:		_		
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LICENSE	D PREMISES:			
ONE STORY CINDER BLOC ONE EMERGENCY REAR E		CELLAR. ONE FROM	NT ENTRANCE AND	
3. the premises are no SIGNED BY	nplied with all laws of the Cor w open for business (If not exp all, Partner or Authorized Cor	plain below)	o taxes; and	
DATE: T	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
Please Check Below:		LOCAL LICENS	SING AUTHORITY	
APPROVED: DISAPPROVED:		By:		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600071	(CITY OR TOWN	METHUEN	1
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013)13
	CLASS			YEAR
LICENSEE NAME: SHRI KRISHNA	, INC			
DOING BUSINESS A				
ADDRESS 163 SWAN STREET				
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PATEL, TY	YPE OF LICENSE:Pack	age Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EMA	IL ADDRESS		-
DESCRIPTION OF LICENSED PREM	IISES:			
BLDG. IS 45' LONG IN FRONT X46' PARKING LOT. FRONT OF BLDG. H LIQUOR AREA HAS GLASS DOORS	IAS MAIN ENT. AND I	BACK HAS DOU		
I hereby certify and swear under penalti	es of perjury that:			
1. the renewed license will be o	of the same type for the s	ame premises now	licensed;	
2. the licensee has complied wi	th all laws of the Commo	onwealth relating to	taxes; and	
3. the premises are now open for	or business (If not explain	n below)		
SIGNED BY	A	0.65		
Individual, Partn	er or Authorized Corpora	ate Officer		
DATE: TELEPHO				
TELEPHO	NE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER:
		(110101 <u>1101</u> IIId	ividuai Boeiai B	cearity (vainteer)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				



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LICENSE NU	MBER: 069600079		CITY OR TOWN METE	HUEN
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NA	AME: MGC CORPORA	ATION		
DOING BUSI	NESS A MERRIMACK	VALLEY GOLF CLU	JB	
ADDRESS 21	0 HOWE ST			
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 02144	1
MANAGER:	KATTAR, KEVIN T	YPE OF LICENSE: Re	staurant CATEGO	RY: All Alcohol
EMAIL ADDF	RESS:			
		WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PREM			
	ION ROOMS, ONE PUI AREA AND GOLF CO		Г DECK, GROUND FLOOF	CAFE
I hereby certify	and swear under penalti	es of perjury that:		
1. the	renewed license will be	of the same type for the	e same premises now licensed	d;
2. the	licensee has complied w	ith all laws of the Com	monwealth relating to taxes;	and
3. the	premises are now open f	or business (If not expl	ain below)	
SIGNED BY	Individual, Partr	er or Authorized Corp	orate Officer	
DATE:	ты брис	 ONE NUMBER:	EMPLOYER IDENTII	FICATION NUMBER:
	TELETIC	INE INCIVIDEIX.	(Note: NOT Individual So	
We the under	wigned attact that we a	ro in paggagian (1) th	e certificate required by C	hantar 201 of the
			d of the fire department for	
named license of 2010.	e and (2) the certificate	of liquor liability insu	irance required by Chapte	r 116 of the Acts
Please Check Belo APPROVED:	<u>ow:</u>		LOCAL LICENSING AU	JTHORITY
DISAPPROVI	ED:		By:	
(If disapproved	l explain)			
DATE.				
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 1	38 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 069600085		CITY OR TOWN METHO	EN
APPLICATION FOR	R RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	HAVAN LLC			
DOING BUSINESS	A PLAZA LIQU	JORS		
ADDRESS 182 HAV	ERHILL ST			
CITY/TOWN: MET	THUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: PATI	EL, PATHIK	TYPE OF LICENSE:Pa	ackage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:				
:	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF I	LICENSED PRE	MISES:		
ONE STORY BLDG	ON THE GROU	JND LEVEL. ENTRAI	NCE AND ONE BACK EXIT	
I hereby certify and s	wear under penal	lties of perjury that:		
1. the renew	ed license will be	e of the same type for the	e same premises now licensed;	
2. the license	ee has complied v	with all laws of the Com	monwealth relating to taxes; and	d
3. the premis	ses are now open	for business (If not exp	lain below)	
SIGNED BY				
	Individual, Par	tner or Authorized Corp	oorate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Social	l Security Number)
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	iioidi i
DISAPPROVED:			,	
(If disapproved expla	in)			
			-	
DATE:				



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LICENSE NUMBER	1:069600086		CITYORI	OWN METHOR	ZIN
APPLICATION FOR	R RENEWAL:	Annual	1	LICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	OUTBACK	STEAKHOUSE OF FLO	RIDA LLC		
DOING BUSINESS	A OUTBACK	STEAKHOUSE			
ADDRESS 145-47 P	ELHAM STR	EET			
CITY/TOWN: ME	ΓHUEN	STATE: MA	ZIP CO	DE: 01844	
MANAGER: MUF		TYPE OF LICENSE: R	Restaurant	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
!	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PF	REMISES:			
ROOM, 2 PUBLIC I PATIO AREA WITI	BATHROOM, H SIX TABLE	G APPROX. 6,400 SQ.F ONE ENTRANCE/EXIT S, CUSTOMER TAKE C ICE/EXIT ON SIDES ON	T IN FRONT , I OUT AREA IN	ENCLOSED OUT SID E THE BLDC	DOOR
I hereby certify and s	wear under per	nalties of perjury that:			
1. the renew	ed license will	be of the same type for the	ne same premis	es now licensed;	
2. the licens	ee has complie	d with all laws of the Cor	nmonwealth re	ating to taxes; and	I
3. the premi	ses are now op	en for business (If not exp	plain below)		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEF	PHONE NUMBER:		PLOYER IDENTIFICA	
			(Note: <u>N</u>	NOT Individual Social	Security Number)
Acts of 2004, signed	d by the buildi	we are in possession (1) ting inspector and the he ate of liquor liability in	ad of the fire o	lepartment for th	e above
Please Check Below: APPROVED: DISAPPROVED:			LOCAL L By:	ICENSING AUTI	HORITY
(If disapproved expla	uin)				
DATE:					



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LICENSE NUMBER: 069600088		CITY OR TOWN METHUE	N
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: China Bar & Grill	Restaurant, Inc		
DOING BUSINESS A CHINA BUFFET	Γ		
ADDRESS 436 BROADWAY			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER: Wang, Wen Dan TY	PE OF LICENSE: Rest	taurant CATEGORY:	All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EM	AIL ADDRESS	_
DESCRIPTION OF LICENSED PREMI			
CHINESE BUFFET RESTAURANT WI OF TWO EXITS AND ONE ENTRANC		CAPACITY . PREMISES CON	ISISTS
I hereby certify and swear under penaltie	s of perjury that:		
1. the renewed license will be of	the same type for the	same premises now licensed;	
2. the licensee has complied with	h all laws of the Comm	nonwealth relating to taxes; and	
3. the premises are now open for	r business (If not expla-	in below)	
SIGNED BY			
Individual, Partne	r or Authorized Corpor	rate Officer	
DATE: TELEBLION	W. 1 W. 2 CD CD	EMDLOVED IDENTIFICAT	FION NUMBER.
TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building in			
named license and (2) the certificate o of 2010.			
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE FILED BY I	LICENSEES DURING THE MC	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBE	R: 069600089		CITY OR TOWN N	4ETHUEN
APPLICATION FO	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME	: NOT YOUR AVERA	GE JOE'S-METH	UEN LLC	
DOING BUSINESS	S A NOT YOUR AVER	AGE JOE'S		
ADDRESS 90 PLE	ASANT VALLEY ST			
CITY/TOWN: ME	ETHUEN	STATE: MA	ZIP CODE:	01844
MANAGER: GAL AS	LEOTA,NICHOLTYPE J.	OF LICENSE: Res	taurant CAT	EGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMISE	S:		
ONE FLOOR WITE AN OUTDOOR PA	H ONE FRONT ENTRA TIO	ANCE, TWO SIDE	EXITS AND ONE RE	EAR EXIT WITH
I hereby certify and	swear under penalties of	f perjury that:		
1. the renev	wed license will be of the	e same type for the	same premises now lic	ensed;
2. the licen	see has complied with al	l laws of the Comm	nonwealth relating to ta	axes; and
3. the prem	ises are now open for bu	ısiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner or	Authorized Corpo	rate Officer	
DATE:	TELEPHONE	NUMBER:		DENTIFICATION NUMBER:
			(Note: NOT Individ	dual Social Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspect (2) the certificate of li	ector and the head	of the fire departme	nt for the above
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	laın)			
DATE:				



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LICENSE NUMBER: 069600090		CITY OR TOWN	METHUEN		
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR			
	CLASS		YEAR		
LICENSEE NAME: CAPITOL BC RES DOING BUSINESS A					
ADDRESS 90 PLEASANT VALLEY ST					
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE:	01844		
MANAGER: GRZESIK, SARA A TYF	PE OF LICENSE: Res	staurant CA	TEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR WI DESCRIPTION OF LICENSED PREMIS	EBSITE AND ENTER YOUR EN	IAIL ADDRESS			
FULL SERVICE RESTAURANT FACIL FRONT ENTRANCE AND SIDE EXIT I DELIVERY AND EMERGENCY. HAND	FOR EMERGENCY.	REAR ENTRY AN	D EXIT FOR		
the renewed license will be of the licensee has complied with the premises are now open for SIGNED BY Individual Partner	all laws of the Comm	nonwealth relating to ain below)			
murviduai, i artiici	of Authorized Corpe	rate Officer			
DATE: TELEPHON	E NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)		
We the undersigned, attest that we are Acts of 2004, signed by the building ins named license and (2) the certificate of of 2010.	spector and the head	l of the fire departm	nent for the above		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSI By:	ING AUTHORITY		
DATE:					



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LICENSE NUN	ABER: 069600091		CITY OR TOWN METHUE	^E N
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
DOING BUSIN	ME: CEC ENTERTAIN NESS A CHUCK E. CHE	ESE'S		
CITY/TOWN:		STATE: MA	ZIP CODE: 01844	
		PE OF LICENSE: Res		: Wine and Malt Regular
EMAIL ADDR	ESS:			
DESCRIPTION	PLEASE ALSO VISIT OUR W N OF LICENSED PREMI	VEBSITE AND ENTER YOUR EM SES:	IAIL ADDRESS	
1. the r 2. the l		the same type for the hall laws of the Comm	same premises now licensed; nonwealth relating to taxes; and tin below)	
SIGNED BY	Individual, Partne	r or Authorized Corpo	rate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA (Note: NOT Individual Social	
Acts of 2004, s	signed by the building in	spector and the head	e certificate required by Chap l of the fire department for the rance required by Chapter 11	e above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	D:		LOCAL LICENSING AUTH By:	IORITY
DATE:				
APPLICATION FOR	RENEWAL MUST BE FILED BY I	LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$	16A)



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LICENSE NUMBER: 069600092	2	CITY OR TOWN ME	THUEN
APPLICATION FOR RENEWA	L: Annual	LICENSED I	FOR 2013
	CLASS		YEAR
LICENSEE NAME: TGI FRID	AY, INC.		
DOING BUSINESS A TGI FRI	DAYS		
ADDRESS 00090A PLEASAN	Γ VALLEY STREET		
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 018	344
MANAGER: KUSLER, JOHN	TYPE OF LICENSE: Res	staurant CATEC	GORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VI	ISIT OUR WEBSITE AND ENTER YOUR EM	AAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
I hereby certify and swear under			
	vill be of the same type for the	•	
•	lied with all laws of the Comm		s; and
3. the premises are now	open for business (If not expla	ain below)	
SIGNED BY			
Individual	, Partner or Authorized Corpo	orate Officer	
DATE: TEL	EPHONE NUMBER:	EMPLOYER IDEN	TIFICATION NUMBER:
		(Note: NOT Individual	l Social Security Number)
We the undersigned, attest tha	t we are in necession (1) th	e certificate required by	Chanter 304 of the
Acts of 2004, signed by the bui	•	2 0	_
named license and (2) the certi			
of 2010.			
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			
APPLICATION FOR RENEWAL MUST BE F	ILED BY LICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. C	h. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 069600095		CITY OR TOWN	METHUE	N	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2	013	
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 00687A	A VINNY'S LIQUO	DRS				
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE:	01844		
MANAGER: PAT	EL, TYI IKRISHNA M.	PE OF LICENSE: Pa	ackage Store C	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_	
	LICENSED PREMIS					
TWO STORY WOO	DD AND BLOCK ST	RUCTURE 40 BY	90 FT WIDE			
2. the licens	red license will be of ee has complied with ses are now open for	all laws of the Con	nmonwealth relating			
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)			
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl.)	ain)		LOCAL LICEN By:	SING AUTH	ORITY	
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06960)0096		C	TY OR TO)WN	METHUEN	1
APPLICATION FOR RENE	EWAL:	Annua	ા	LI	ICEN	SED FOR 20)13
		CLAS	S				YEAR
LICENSEE NAME: TEXA	AS ROADHOUSI	E HOLDIN	GS, LLC				
DOING BUSINESS A TEX	KAS ROADHOUS	SE					
ADDRESS 424 BROADWA	AY						
CITY/TOWN: METHUEN	Ī	STATE:	MA	ZIP COD	E:	01844	
MANAGER: CAIRL, DAI	NIEL TYPE C	OF LICENS	SE:Restau	ırant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:							
	LSO VISIT OUR WEBSIT		YOUR EMAII	ADDRESS			
DESCRIPTION OF LICENS			TTH 122	DARKING	CDA	CEC 12 DAE	
6750 SQ FT BUILDING TO STOOLS, 3 DINING ROOM							
RESTROOMS WITH ENTE							
I hereby certify and swear ur	nder penalties of 1	neriury that					
1. the renewed licen	-			ne premises	s now	licensed;	
2. the licensee has c		• •		-			
3. the premises are i	now open for bus	iness (If no	t explain	below)			
SIGNED BY	idual, Partner or A	Authorized	Corporat	e Officer			
mary	idual, I artifer of I	rumonzea	Corporat	c officer			
DATE:	TELEPHONE N	UMBER:		EMPL	LOYER	DENTIFICAT	ION NUMBER:
				(Note: <u>N(</u>	OT Ind	ividual Social S	ecurity Number)
We the undersigned, attest	t that we are in 1	nossession	(1) the co	ertificate re	eanir	ed by Chanto	er 304 of the
Acts of 2004, signed by the	e building inspec	tor and th	e head of	the fire de	eparti	nent for the	above
named license and (2) the of 2010.	certificate of liqu	uor liabilit	y insurai	ice require	d by	Chapter 116	of the Acts
Please Check Below:			,		OENIO	INIC ALITH	ODITY
APPROVED:				LOCAL LIC By:	CENS	ING AUTHO	JKII Y
DISAPPROVED:				Dy.			
(If disapproved explain)							
DATE:							
DIXID.							



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LICENSE NUMBER	R: 069600099		CI	ΓY OR TOW	N METHUEN	N	
APPLICATION FOR RENEWAL: Annual			al	LICENSED FOR 2013			
		CLAS	SS			YEAR	
LICENSEE NAME:	SOCIAL NATURAL	LIZATION C	LUB, INC				
DOING BUSINESS	A SOCIAL NATURA	LIZATION	CLUB				
ADDRESS 30 RIVE	ER ST.						
CITY/TOWN: ME	THUEN	STATE:	MA	ZIP CODE:	01844		
MANAGER: MAI	RQUIS, ROGER TYPE	OF LICEN	SE:Club		CATEGORY:	All Alcohol	
EMAIL ADDRESS:							
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS			
DESCRIPTION OF	LICENSED PREMISE	ES:					
	OOD FRAME VICTOI			WITH FRON	VT, SIDE AND	REAR	
 the renew the licens 	swear under penalties of red license will be of the ee has complied with a ses are now open for b	e same type Il laws of the	for the same Common	wealth relating			
SIGNED BY	Individual, Partner o	r Authorized	l Corporate	Officer			
DATE:				EN EDIT ON	VED TO ENTITIE A T	NON MIN (DED	
DATE.	TELEPHONE	NUMBER:			'ER IDENTIFICAT Individual Social S		
Acts of 2004, signe	d, attest that we are ind d by the building insp (2) the certificate of li	ector and th	ne head of	the fire depa	rtment for the	above	
Please Check Below:			L	OCAL LICE	NSING AUTHO	ORITY	
APPROVED:			В	sy:			
DISAPPROVED: [(If disapproved explain	 ain)		=				
(11 disapproved expir	·····,		=				
DATE:			_				
DITTE.							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 069600102		CITY OR TOWN ME	ETHUEN
APPLICATION FO	R RENEWAL:	Annual	LICENSED	FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS				
ADDRESS 51 CEN	TER ST.			
CITY/TOWN: ME	THUEN	STATE: MA	ZIP CODE: 01	844
	ANCO, T UTERIO	TYPE OF LICENSE:Pac	ckage Store CATE	GORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS	<u> </u>
DESCRIPTION OF	LICENSED PRE	MISES:		
2. the licens	see has complied was sees are now open	* *		
DATE:	TELEPHO	ONE NUMBER:		NTIFICATION NUMBER: al Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICENSING By:	AUTHORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	069600103		CITY OR I	OWN METHUE	AN .
APPLICATION FOR	RENEWAL:	Annual	I	ICENSED FOR 2	2013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 150 PELH	SUNOCO 7523				
CITY/TOWN: METH	HUEN	STATE: MA	ZIP COI	DE: 01844	
MANAGER: ANISE	E, MAZEN TYP	E OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
DESCRIPTION OF LI 2500 SQFT RETAIL S ENTRANCES AND E	STORE WITH GAS	ES: OLINE ISLANDS		LOT. ВОТН	_
2. the licensee	I license will be of the has complied with a sare now open for b	he same type for the all laws of the Con	nmonwealth rel		
	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		PLOYER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL L. By:	ICENSING AUTH	IORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 069600107		CITY OR TOW	VIN METHUE	N
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ROSARIO 1859 HO	USE INC.			
DOING BUSINESS A	A 1859 Restaurant				
ADDRESS 012-16 H	AMPSHIRE STREET	Γ			
CITY/TOWN: MET	HUEN	STATE: MA	ZIP CODE	: 01844	
MANAGER: Rosar	io, Miguel TYPI	E OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISI	ES:			
I hereby certify and sv					
	ed license will be of the	* *	•		
	e has complied with a			ng to taxes; and	
3. the premise	es are now open for b	usiness (If not expl	ain below)		
GIGNED DV					
SIGNED BY	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	Security Number)
We the undersigned	. attest that we are i	n possession (1) th	e certificate rea	uired by Chapt	er 304 of the
Acts of 2004, signed	by the building insp	ector and the hea	d of the fire dep	artment for the	above
named license and (2 of 2010.	2) the certificate of l	iquor liability insu	rance required	by Chapter 116	of the Acts
Please Check Below:			LOCALLICI		ODITY
APPROVED:			By:	ENSING AUTH	ORITY
DISAPPROVED:			Бу.		
(If disapproved explai	in)				
DATE:					



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LICENSE NUMBER:	069600110		CITY OR TOWN	METHUEN	N
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: S DOING BUSINESS A ADDRESS 34-34A BA	SAHARA SOCIAL				
CITY/TOWN: METH		STATE: MA	ZIP CODE:	01844	
				CATEGORY:	All Alachal
MANAGER: LEBBO	DS, ROSE 1. 11FE	OF LICENSE.CI	10	ATEGORI.	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEB	CITE AND ENTED VOLD E	MAII ADDDESS		
DESCRIPTION OF LI			MAIL ADDRESS		
ONE STORY BUILDI FRONT ENTRANCES	NG; TWO ROOMS	FOR SALES, KIT			
2. the licensee	l license will be of the has complied with a sare now open for be	ll laws of the Com	nonwealth relating		
	Individual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed I named license and (2) of 2010.	y the building insp	ector and the head	d of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	69600111		CITY OF	R TOWN	METHUE	N
APPLICATION FOR R	ENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: U	J.D.T., LLC					
DOING BUSINESS A	MI MEXICO LIN	DO				
ADDRESS 5 PLEASA	NT ST					
CITY/TOWN: METH	UEN	STATE: MA	ZIP (CODE:	01844	
MANAGER: MOREN	NO, FELIPE TYP	E OF LICENSE:R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRES	S		
DESCRIPTION OF LIG	CENSED PREMIS	ES:				
LOWER LEVEL UNIT TAVERN BUILDING. SEATING. RESTROOI EXITS	DINING ROOM V	WITH BOOTHS A	ND TABLE	ES ALON	IG WITH BA	AR AREA
I hereby certify and swe	ar under penalties	of perjury that:				
1. the renewed	license will be of t	the same type for th	e same prer	nises nov	v licensed;	
2. the licensee l	has complied with	all laws of the Com	nmonwealth	relating	to taxes; and	
3. the premises	are now open for l	business (If not exp	olain below)			
SIGNED BY	ndividual, Partner	or Authorized Corp	oorate Offic	er		
			_			
DATE:	TELEPHONI	E NUMBER:	I	EMPLOYE	R IDENTIFICA	TION NUMBER:
			(Not	e: <u>NOT</u> In	dividual Social	Security Number)
We the undersigned, a Acts of 2004, signed b named license and (2) of 2010.	y the building ins	pector and the hea	ad of the fir	e depart	ment for the	e above
Please Check Below:			LOCAI	L LICEN	SING AUTH	IORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)	,					
DATE:						
DATE.						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0696001	12	CITY OR TOWN METHUE	² N
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: Sonal V	ariety, Inc		
DOING BUSINESS A Rte 97	House of Pizza		
ADDRESS 11 AYERS VILLA	IGE		
CITY/TOWN: METHUEN	STATE: MA	A ZIP CODE: 01844	
MANAGER: Patel, Yogesh	R. TYPE OF LICENSE: F	Restaurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
		IA AND RESTAURANT. TWO IN COOLER TO STORE LIQUO	OR
I hereby certify and swear under	er penalties of perjury that:		-
1. the renewed license	will be of the same type for the	he same premises now licensed;	
2. the licensee has cor	nplied with all laws of the Con	mmonwealth relating to taxes; and	
3. the premises are no	w open for business (If not ex	plain below)	
SIGNED BY Individu	ual, Partner or Authorized Cor	rporate Officer	
DATE: TI	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:
		(Note: NOT Individual Social	Security Number)
Acts of 2004, signed by the b	ouilding inspector and the he	the certificate required by Chap ead of the fire department for th surance required by Chapter 11	e above
Please Check Below:		LOCAL LICENSING AUTH	IORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBE	K: 069600113		CITY OR TOWN	METHUEN
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: PRELUDE-M	ETHUEN LLC		
DOING BUSINESS	S A PRELUDE			
ADDRESS 7 AYER	RS VILLAGE RD)		
CITY/TOWN: ME	ETHUEN	STATE: MA	ZIP CODE:	01844
	ELLA, OMAS JR	TYPE OF LICENSE: Res	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	<u> </u>
DESCRIPTION OF	LICENSED PRI	EMISES:		
		WITH SIX STOOLS, SE VE SEASONAL OUTDO		ATRONS. FRONT
2. the licen 3. the prem SIGNED BY	see has complied ises are now open	e of the same type for the with all laws of the Comm for business (If not explant the comment of	nonwealth relating thin below) orate Officer	o taxes; and
DATE:	TELEPH	HONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004, signe	ed by the buildin	g inspector and the head	e certificate requir l of the fire depart rance required by	ed by Chapter 304 of the
APPROVED: DISAPPROVED: (If disapproved exp	lain)		By:	
DATE:				



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LICENSE NUMBER:	:069600114		CITY OR TOWN	METHUE	N
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	HUGHESCO, INC.				
DOING BUSINESS A	A MUDDY WATERS	PUB AND REST	ΓAURANT		
ADDRESS 940 River	side Drive				
CITY/TOWN: MET	HUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: HUGI	ES, STACY M. TYPE	OF LICENSE: Re	estaurant C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
P	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR F	MAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISES	S:			
one story bldg consist	ing of approx 2768 sq	ft. Two seating a	reas		
I hereby certify and sv	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	same type for the	e same premises nov	w licensed;	
2. the license	e has complied with all	l laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for bu	siness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE I	NUMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
	122110112	. (01/12/214)	(Note: NOT In	ndividual Social S	Security Number)
	, attest that we are in by the building inspe				
, 0	2) the certificate of lic		_		
of 2010.	,	1	1		
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:			-		
DAIE.					
APPLICATION FOR RENEW.	AL MUST BE FILED BY LICE	NSEES DURING THE M	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 1	6A)



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	METHUEN	
LICEN	SED FOR 2013	3
	Y	EAR
ZIP CODE:	01844	
		Wine and Malt Regular
EMAIL ADDRESS		
	nd entrance at f	Front,
e same premises now	licensed;	
monwealth relating to	taxes; and	
lain below)		
orate Officer		
orate Officer		
orate Officer		
	IDENTIFICATIO	ON NUMBER:
EMPLOYER	IDENTIFICATIO	
EMPLOYER	ividual Social Seco ed by Chapter nent for the al	304 of the
EMPLOYER (Note: <u>NOT</u> Ind ne certificate require d of the fire departi	ed by Chapter nent for the al Chapter 116 o	304 of the bove f the Acts
EMPLOYER (Note: <u>NOT</u> Indine certificate required of the fire departi	ed by Chapter nent for the al Chapter 116 o	304 of the bove f the Acts
EMPLOYER (Note: NOT Ind ne certificate require d of the fire departs urance required by LOCAL LICENS	ed by Chapter nent for the al Chapter 116 o	304 of the bove f the Acts
EMPLOYER (Note: NOT Ind ne certificate require d of the fire departs urance required by LOCAL LICENS	ed by Chapter nent for the al Chapter 116 o	304 of the bove f the Acts
EMPLOYER (Note: NOT Ind ne certificate require d of the fire departs urance required by LOCAL LICENS	ed by Chapter nent for the al Chapter 116 o	304 of the bove f the Acts
	eneral on CA emise EMAIL ADDRESS ond floor. One exit an ne exit e same premises now	ZIP CODE: 01844 eneral on CATEGORY: years emise



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 069600116		CITY OR TOWN	METHUEN	N
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: THE BOLAND OF SA FUDDRUCKE ROADWAY VILLA	RS			
CITY/TOWN: M	ETHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: BO L.	LAND, JAMES T	YPE OF LICENSE:R	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
		WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
	F LICENSED PREM	IISES:			
IN PROCESS OF I	REMODELING I swear under penalti	as of manipum, that			
2. the licer	nsee has complied wi	of the same type for the th all laws of the Conor business (If not exp	nmonwealth relating t		
SIGNED BY	Individual, Partn	er or Authorized Corp	porate Officer		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER:
Acts of 2004, sign	ed by the building i	re in possession (1) to inspector and the heat of liquor liability ins	ad of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

	: 069600117		CITY O	RTOWN	METHUEN	N
APPLICATION FOR	RENEWAL:	Annual	l	LICEN	SED FOR 20)13
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 70 PLEA	A NEW TOKYO	O STEAK HOUSE				
CITY/TOWN: MET	THUEN	STATE:	MA ZIP	CODE:	01844	
MANAGER: Huang	g, Sky	TYPE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
F	PLEASE ALSO VISIT OU	JR WEBSITE AND ENTER Y	OUR EMAIL ADDRES	SS		_
DESCRIPTION OF I FIRST FLOOR PREM METHUEN PLAZA I hereby certify and sy	MISES CONSIS	TING OF 4377 SQ.	FT. OF SPAC	E LOCAT	ED IN THE	
2. the license	ee has complied v	e of the same type for with all laws of the of for business (If not	Commonwealth	relating to		
SIGNED BY	Individual, Par	tner or Authorized (Corporate Offic	cer		
DATE:	TELEPH	ONE NUMBER:				TON NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	l, attest that we I by the building	are in possession (g inspector and the	(No 1) the certifica head of the fi	te: <u>NOT</u> Ind ate require re departi	ividual Social S ed by Chapt nent for the	er 304 of the above
We the undersigned Acts of 2004, signed named license and (l, attest that we I by the building 2) the certificat	are in possession (g inspector and the	(No 1) the certifica head of the fi insurance rec	te: <u>NOT</u> Ind ate require re departi quired by	ividual Social S ed by Chapt nent for the	er 304 of the above of the Acts



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LICENSE NUMBER	R: 069600118		CITY OR TOW	N METHUE	N
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	LPRS LLC				
DOING BUSINESS	A TAZA				
ADDRESS 169 East	St				
CITY/TOWN: ME	ΓHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: SAA	DE, RAWAD T	YPE OF LICENSE: Rest	taurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF					
FREE STANDING I ACCESSIBLE.	BUILDING WITH	FRONT AND REAR I	ENTRANCES.H	IANDICAP	
I hereby certify and s	wear under penalti	es of perjury that:			
1. the renew	ed license will be o	of the same type for the s	same premises n	ow licensed;	
2. the license	ee has complied wi	th all laws of the Comm	onwealth relatir	ng to taxes; and	
3. the premi	ses are now open for	or business (If not explain	in below)		
SIGNED BY	Individual Partn	er or Authorized Corpor	rate Officer		
	marviduai, i artii	er of Authorized Corpor	rate Officer		
DATE:	TEI EDUO	NE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
	TELEFIIO	NE NOMBER.		Individual Social S	
*** 41 1 .	1 44 441 4		4.00	. 11 61 4	204 641
		re in possession (1) the nspector and the head			
		of liquor liability insur			
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
			-		
DATE:			-		
APPLICATION FOR RENEV	VAL MUST BE FILED BY	LICENSEES DURING THE MC	ONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER	: 069600119		CITY OR TOWN	METHUEN	N
APPLICATION FOR	RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PLUM VILLAGE IN	C.			
DOING BUSINESS	A FUSION HOUSE				
ADDRESS 301A ME	ERRIMACK STREET				
CITY/TOWN: MET	CHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: LIN,	HUA TYPE	OF LICENSE: Res	staurant (CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS		MAIL ADDRESS		
	LICENSED PREMISES				
2029 SQ. FT. MORE ON THE SAME FLC	COR LESS, WITH FRO OOR	ONT ENTRANCE	AND REAR EXI	Γ, KITCHEN A	AREA
I hereby certify and s	wear under penalties of	perjury that:			
1. the renewe	ed license will be of the	same type for the	same premises no	w licensed;	
2. the license	ee has complied with al	l laws of the Comm	nonwealth relating	to taxes; and	
3. the premis	ses are now open for bu	siness (If not expla	ain below)		
SIGNED BY	Individual, Partner or	· Authorized Corne	arate Officer		
	marviduai, i artiici oi	Authorized Corpe	rate Officer		
DATE:	TELEDITONE	AH IMPED	EMDI OVI	ER IDENTIFICAT	ION NI IMBED
211121	TELEPHONE 1	NUMBER:		ndividual Social S	
	l, attest that we are in I by the building inspe				
	(2) the certificate of lice				
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ın)				
DATE:					
APPLICATION FOR RENEW	AL MUST BE FILED BY LICE	NSEES DURING THE M	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16	5A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 069600120		CITY OR TO	WN METHUEN	
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 90A PLI	A THE OLIVE GA		RESTAURANT#	1825	
CITY/TOWN: ME		STATE: M	A ZIP CODI	E: 01844	
MANAGER: CHA	ARLESWORTH, TY REN	PE OF LICENSE:	Restaurant	CATEGORY: All Alcohol	
EMAIL ADDRESS:					
2. the licens	AME STRUCTURE	SES: DINING AND L s of perjury that: the same type for all laws of the Co	COUNGE AREA the same premises		
SIGNED BY	Individual, Partne	r or Authorized Co	orporate Officer		
DATE:	TELEPHON	IE NUMBER:		OYER IDENTIFICATION NUMBER: T Individual Social Security Number)	_
Acts of 2004, signe	d by the building in	spector and the h	ead of the fire de	quired by Chapter 304 of the partment for the above	
of 2010.	(2) the certificate of	i iiquor nabinty i	nsurance required	l by Chapter 116 of the Acts	
		i nquor naomiy i		ENSING AUTHORITY	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 069600121		CIT	Y OR TOWN	METHUEN	1
APPLICATION FO	R RENEWAL:	Annu	al	LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME:	THE IRISH COTT	'AGE RESTA	JRANT AN	ID PUB, INC		
DOING BUSINESS	A THE IRISH COT	TAGE RESTA	AURANT			
ADDRESS 1111 RI	VERSIDE DRIVE					
CITY/TOWN: ME	THUEN	STATE:	MA	ZIP CODE:	01844	
MANAGER: KEAB	ARNEY, JAMES TYI	PE OF LICEN	SE:Restaura	ant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W		YOUR EMAIL A	DDRESS		
	LICENSED PREMIS		NACE BY ED			
	IVERSIDE DR WITI			ONT AND EG	RESS IN RE	AR.
	swear under penalties wed license will be of			e premises now	licensed:	
	see has complied with			_		
3. the premi	ises are now open for	business (If no	ot explain be	elow)		
SIGNED BY						
	Individual, Partner	or Authorized	Corporate	Officer		
DATE:				EN (DI OVED	IDENTIFICATI	TON MIN (DED
DATE.	TELEPHON	E NUMBER:		(Note: NOT Ind		ION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are d by the building ins (2) the certificate of	spector and th	ne head of t	he fire departn	nent for the	above
Please Check Below:			LO	OCAL LICENS	ING AUTHO	ORITY
APPROVED:			Ву	y :		
DISAPPROVED: [(If disapproved expl	 ain)		_			
(II disupproved expi	·····					
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 069600122		CITY OR TOWN	METHUEN	J
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: SHRIJI FOODS, LI DOING BUSINESS A ADDRESS 466 LOWELL STREET	LC			
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE:	01844	
MANAGER: PATEL, KOMAL TYP	PE OF LICENSE: Pack	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMIS				
LOWER LEVEL ABUTTING OSGOOD	STREETENTRAN	ICE ON STREET I	LEVEL	
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of t	the same type for the s	same premises now	licensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for	business (If not explain	in below)		
SIGNED BY				
Individual, Partner	or Authorized Corpor	rate Officer		
DATE: TELEPHONI	F NI IMRER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
TEEE HOW	E IVOIVIDER.	(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:		By:		
(If disapproved explain)				
(II disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 069600123		CITY OR TOWN	METHUEN		
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013		
		CLASS		YEAR		
	ME: BADA BING PIZZ NESS A BADA BING SP		GRILL			
ADDRESS 32-	34 HAMPSHIRE STREE	T				
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE:	01844		
	VARGAS, JOHN TY FRANCIS	PE OF LICENSE: Re	estaurant C.	ATEGORY: All Alcohol		
EMAIL ADDR	ESS:	_				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS			
DESCRIPTION	N OF LICENSED PREMI	SES:				
FLOOR(STRE	BUILDING WITH THE I ET LEVEL) CONSISTS (AND EXITS, BOTH LOO	OF KITCHEN, BAR	, AND TAKE OUT	ARE W/2		
I hereby certify	and swear under penalties	s of perjury that:				
1. the r	renewed license will be of	the same type for th	e same premises now	licensed;		
2. the 1	icensee has complied with	all laws of the Com	monwealth relating t	o taxes; and		
3. the p	premises are now open for	business (If not exp	lain below)			
SIGNED BY	Individual, Partner	or Authorized Corp	oorate Officer			
DATE:			EMDLOVEI			
DITTE.	TELEPHON	E NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Protes <u>Pro P</u> Inc	irvidual social security (valider)		
Acts of 2004, s	signed, attest that we are signed by the building in and (2) the certificate of	spector and the hea	d of the fire depart			
Please Check Belov APPROVED: DISAPPROVE (If disapproved)	D:		LOCAL LICENS By:	SING AUTHORITY		
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 06960012	24	CITY OR TOWN METHUEN			
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 2	2013		
	CLASS		YEAR		
LICENSEE NAME: PA MET	HUEN INC.				
DOING BUSINESS A PLAZA	AZTECA MEXICAN RESTA	AURANT			
ADDRESS 552 BROADWAY					
CITY/TOWN: METHUEN	STATE: MA	ZIP CODE: 01844			
MANAGER: ANGEL, HECT	OR TYPE OF LICENSE: Re	staurant CATEGORY	: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF LICENSED					
FULL SERVICE RESTAURAN REAR OF THE BUILDING.AI					
6 TABLES WITH		DE OF BUILDING, ALTER O	1 171110,		
4 CHAIRS, TOTAL CAPACIT					
I hereby certify and swear under					
	will be of the same type for the	same premises now licensed; nonwealth relating to taxes; and			
•	open for business (If not expl	•			
3. the premises are now	open for business (if not expr	ani ociow)			
SIGNED BY					
	al, Partner or Authorized Corpo	orate Officer			
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICA			
		(Note: <u>NOT</u> Individual Social Security Number)			
We the undersigned, attest the	at we are in possession (1) th	e certificate required by Chap	oter 304 of the		
Acts of 2004, signed by the bu	ilding inspector and the head	d of the fire department for th	e above		
named license and (2) the cert of 2010.	ificate of liquor liability insu	rance required by Chapter 11	6 of the Acts		
Please Check Below:		LOCAL LICENSING AUTH	JODITY		
APPROVED:		By:	IORIT I		
DISAPPROVED:		,			
(If disapproved explain)					
DATE:					
DAIL.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	LENSE NUMBER: 069600125 CITY OR TOWN METHOEN				
APPLICATION FOR	RENEWAL:	Annual	LIC	013	
		CLASS			YEAR
	WHITE EAGLE PANTRY A WHITE EAGLE PANTRY RRIMACK STREET				
CITY/TOWN: MET	THUEN STA	TE: MA	ZIP CODE	: 01844	
MANAGER: GIRC	SIS, AMIR TYPE OF LI	CENSE: Pac	kage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR WEBSITE AND	ENTER YOUR EM	IAIL ADDRESS		
	LICENSED PREMISES:				
	FRONT DOOE(ENTRANCE PLAZAAN OFFICE ANI				
2. the license	ed license will be of the same te has complied with all laws tes are now open for business	of the Comn	nonwealth relati		
SIGNED BY	Individual, Partner or Author	orized Corpo	rate Officer		
DATE					
DATE:	TELEPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBEK: 069600126		CITY OR TOWN METHOEN	
APPLICATIO	N FOR RENEWAL	: Annual	LICENSED FOR 201	.3
		CLASS	Y	'EAR
		MADE PRODUCTS COL	RP.	
	NESS A MANN OF			
ADDRESS 27	PLEASANT VALL	EY STREET		
CITY/TOWN:	METHUEN	STATE: MA	ZIP CODE: 01844	
MANAGER:	FITZGERALD, MATTHEW W.	TYPE OF LICENSE:P	ckage Store CATEGORY:	All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P			
ONE STORY	WOOD BUILDING	; TWO ENTRANCES AN	D ELEVEN EXITS; TOTAL SQ.F	T. 100
	•	ed with all laws of the Con ben for business (If not exp	amonwealth relating to taxes; and lain below)	
	Individual, l	Partner or Authorized Corp	oorate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social Sec	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUTHO By:	RITY
	- ,			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 069600127		CITY OR TOWN	METHUEN
APPLICATION FOR	R RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MOGADOR LLC			
DOING BUSINESS	A MOGADOR			
ADDRESS 126 MEI	RRIMACK STREET			
CITY/TOWN: ME	ΓHUEN	STATE: MA	ZIP CODE:	01844
	AOUTA, TYPE ARIA	OF LICENSE: Res	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EN	MAIL ADDRESS	
	LICENSED PREMISE			
	FAMILY REST; LARG TED IN THE FRONT			
I hereby certify and s	swear under penalties of	f perjury that:		
1. the renew	ed license will be of the	e same type for the	same premises now	licensed;
2. the licens	ee has complied with al	l laws of the Comr	nonwealth relating to	taxes; and
3. the premi	ses are now open for bu	siness (If not expla	ain below)	
SIGNED BY				
	Individual, Partner or	Authorized Corpo	orate Officer	
DATE:	TELEPHONE 1	NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Ind	lividual Social Security Number)
Acts of 2004, signed	d by the building inspe	ector and the head	l of the fire departr	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	ain)		_	
DATE:				



www.mass.gov/abcc

LICENSE NUMBER: 0	69600128		CITY OR TOWN	METHUEN	I
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 20	13
		CLASS		,	YEAR
LICENSEE NAME: C DOING BUSINESS A					
ADDRESS 105 PLEAS	ANT VALLEY ST				
CITY/TOWN: METH	UEN	STATE: MA	ZIP CODE:	01844	
MANAGER: BOSSIE	, DANIEL TYPE	E OF LICENSE: Res	taurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LIC		SITE AND ENTER YOUR EM	IAIL ADDRESS		
FULL SERVICE REST FLOOR AREA. FULL S DINING AND BAR AR EXIT FOR EMERGEN	SERVICE KITCHE REA SEATING. FR CIES. REAR ENTI	EN, DINING ROOM ONT ENTRANCE RY/EXIT FOR EMI	I, BAR AREA SEA AND EXIT DOOF	ATING, 371 C R FOR PUBLI	TAL C. SIDE
2. the licensee l	license will be of the	of perjury that: the same type for the all laws of the Comn ausiness (If not expla	nonwealth relating t		
SIGNED BY	ndividual, Partner o	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT dividual Social Se	
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	y the building insp	ector and the head	of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	SING AUTHO	DRITY
DATE:					